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## **ADULT RESPIRATORY EMERGENCIES**

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### **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

#### **FIELD ASSESSMENT/TREATMENT INDICATORS**

Chronic symptoms of pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds. Accessory muscle use, anxiety, ALOC or cyanosis.

#### **BLS INTERVENTIONS**

1. Reduce anxiety, allow patient to assume position of comfort.
2. Administer oxygen as clinically indicated, obtain O<sub>2</sub> saturation on room air, or on home O<sub>2</sub> if possible.

#### **LIMITED ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain O<sub>2</sub> saturation on room air or on home O<sub>2</sub> if possible.
2. Nebulized Albuterol 2.5mg, with Atrovent 0.5mg may repeat times two (2).

### **ACUTE ASTHMA/BRONCHOSPASM**

#### **FIELD ASSESSMENT/TREATMENT INDICATORS**

History of prior attacks, associated with wheezing, diminished breath sounds, or cough. A history of possible toxic inhalation, associated with wheezing, diminished breath sounds, or cough. Suspected allergic reaction associated with wheezing, diminished breath sounds or cough.

#### **BLS INTERVENTIONS**

1. Reduce anxiety, allow patient to assume position of comfort.
2. Administer oxygen as clinically indicated, humidified oxygen preferred.

**LIMITED ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, obtain O<sub>2</sub> saturation on room air if possible.
2. Nebulized Albuterol 2.5mg, with Atrovent 0.5mg may repeat times two (2).
3. For signs of inadequate tissue perfusion, initiate IV bolus of 300cc NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus.
4. If no response to Albuterol, give Epinephrine 0.3mg (1:1,000) SC. Contact Base Station for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine.
5. May repeat Epinephrine 0.3mg (1:1,000) SQ after 15 minutes.
6. Base station physician may order additional medications or interventions as indicated by patient condition.

**ACUTE PULMONARY EDEMA/CHF****FIELD ASSESSMENT/TREATMENT INDICATORS**

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema.

**BLS INTERVENTIONS**

1. Reduce anxiety, allow patient to assume position of comfort.
2. Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask.
3. Be prepared to support ventilations as clinically indicated.

**LIMITED ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, Obtain O<sub>2</sub> saturation on room air if possible
2. Nitroglycerine 0.4mg sublingual/transmucosal with signs of adequate tissue perfusion. May be repeated as long as patient continues to have signs of adequate tissue perfusion. Do not use or discontinue NTG in presence of hypotension (SBP <100).

3. Nebulized Albuterol 2.5 mg, with Atrovent 0.5 mg may repeat times two (2), if nitro is not working.